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,		Application Number	10/656.427	`	
	REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Filing Date	September 5, 2003		
		First Named Inventor	Kane		
		Art Unit	1614		
		Examiner Name	VAKILI, Zohreh	_	
		Attorney Docket Number	104422-340-NP	7	

I hereby revoke all previous powers of attorney given in the above-identified application.										
A Power of Attorney is submitted herewith.										
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Assignee of record of the entire interest. See 37 CFR 3.71.										
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)										
SIGNATURE of Applicant or Assignee of Record										
Signature Visit Face										
Name Dr. Michael Kane										
Date February 6, 2			elephone	212-935-0030						
NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one aignature is required, see below.										
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